

Medicaid Eligibility Handbook
Worksheet Section

AFDC-Related Determination Worksheet

Primary Person's Name	
Social Security Number	Case Name

		Certify From _____ To _____ New Recerification Change Date _____ Worker _____	Certify From _____ To _____ New Recerification Change Date _____ Worker _____
1. ENTER	Number in MA Group Number in Fiscal Group		
2. ENTER	Gross Monthly Earned Income		
3. ENTER	Room & Board Profit		
4. ADD	(2) + (3)		
5. ENTER	Earned Income (After Work Expenses Deduction)		
6. ENTER	Net Earned Income (After Dependent Care Deduction)		
7. ENTER	Total Unearned Income		
8. ADD	(6) + (7)		
9. ENTER	Special Exempt Income		
10. SUBTRACT	(9) from (8) (Result is Monthly Budgetable Income)		
11. ENTER	CAT NDY Income Limit		
12. ENTER	MED NDY Income Limit		
13. SUBTRACT	(12) from (10)		
14. MULTIPLY	(13) x 6 (=Deductible)		

(R.10/02)